

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 02/100484 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
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49						
50						
TOTAL I.D.	1					
TOTAL I.P.	15					
TOTAL CLAIMS	16					

BEST AVAILABLE COPY

TOTAL IND.			
TOTAL DEP.			
TOTAL CLAIMS			